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ABSTRACT

The manual outlines Michigan's procedures in providing special education services to students with emotional impairments. The first section depicts the special education process, beginning with pre-referral intervention strategies and referral and proceeding to evaluation, the individualized educational planning committee (IEPC) meeting, delivery of programs and services, the individual education plan (IEP) review, and 3-year reevaluation. Additional considerations in the process are parent involvement, eligibility, and the multidisciplinary evaluation team report. Subsequent sections focus on the following topics: classroom programs, site selection, and design; the classroom teacher (certification, roles); teacher consultants; performance objectives (relationship to IEPs); support services; homebound and hospitalized services; transportation; alternatives to suspension; and program evaluation. Among appendixes is a sample multidisciplinary evaluation team report form. (CL)

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ED250885

The Special Education Process in Michigan

Program Suggestions

Emotionally Impaired

Michigan State Board of Education
Special Education Services

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These program suggestions are presented to persons involved in the development and implementation of special education programs and services for students with emotional impairments by the Michigan Department of Education, Special Education Services Area, Analysis, Planning and Technical Assistance Unit, with the assistance of Federal funds made available through Title VI, Part B funds from Education of the Handicapped Act, P.L. 94-142. Media coordinator Susan Moore. Drawings by Nancy Hurd.

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PROGRAM SUGGESTIONS FOR THE PROVISION OF PROGRAMS AND SERVICES FOR STUDENTS WITH EMOTIONAL IMPAIRMENTS

Published September, 1982

FORWARD

The State Department of Education is very pleased to present this document to you. The information contained in the program suggestions will provide considerable insight and direction to individuals responsible for implementing special education programs and services to students with emotional impairments.

Many individuals have contributed their ideas, thoughts, and professional expertise in the development of this information and it is anticipated that the special education programs and services for students with emotional impairments will be improved as a result of their effort. This document attempts to clarify the intent of the special education rules relative to programs for the emotionally impaired, as well as to provide direction for improving the special education programs and services to these students.

The State Board of Education is hopeful that the reader will find the program suggestions useful and that special education programs for students with emotional impairments will be improved as a result of this information.

Phillip E. Runkel
Superintendent of Public Instruction

September, 1982

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The special education Services Area of the Michigan Department of Education sincerely appreciates the assistance and willingness of the many individuals who contributed to the development of these program suggestions. These individuals spent a significant amount of their professional and personal time in developing the concepts and ideas for the program suggestions. They represent a broad spectrum of individuals, agencies, and organizations who are committed to providing effective programs for students with emotional impairments.

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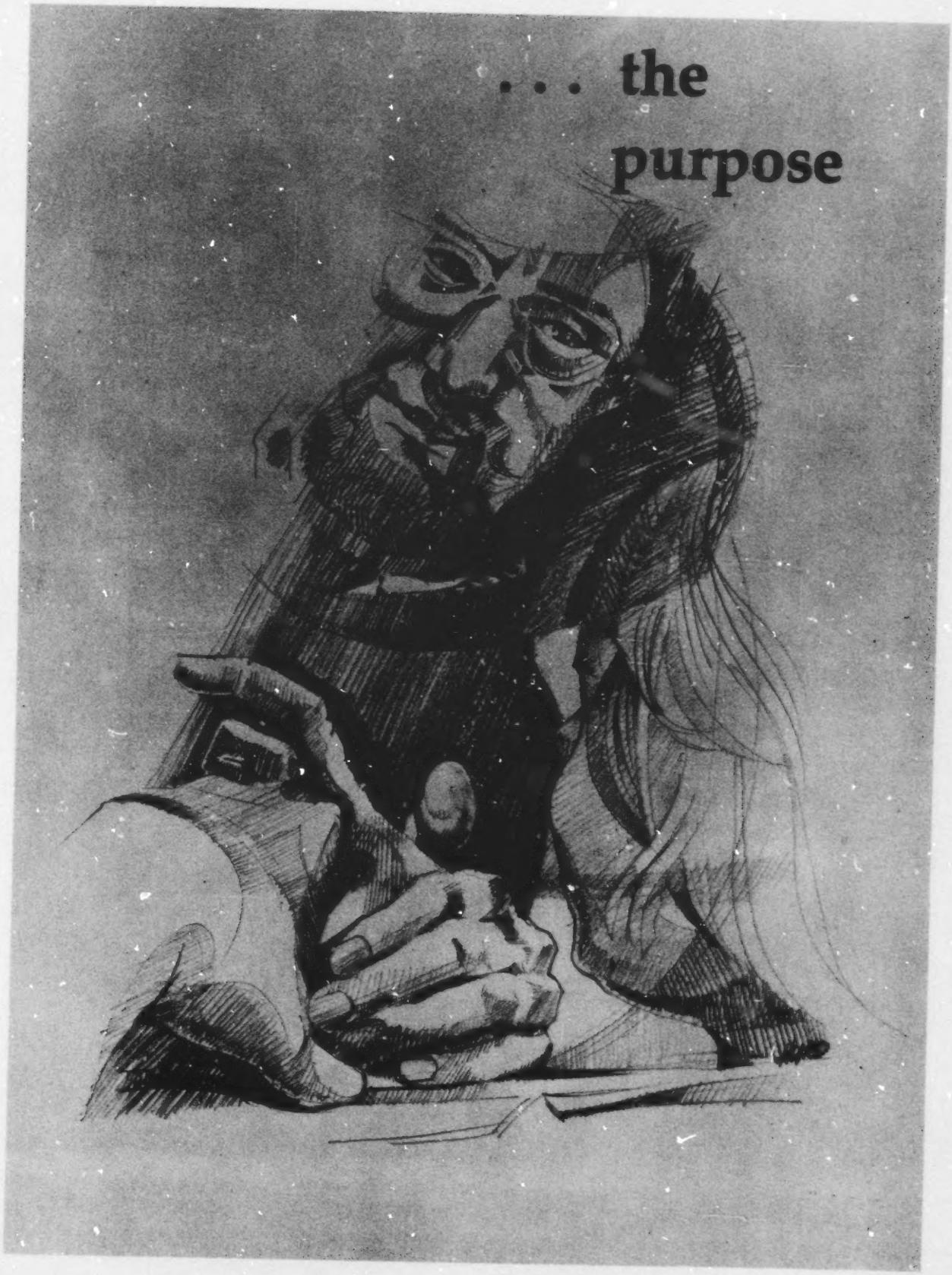
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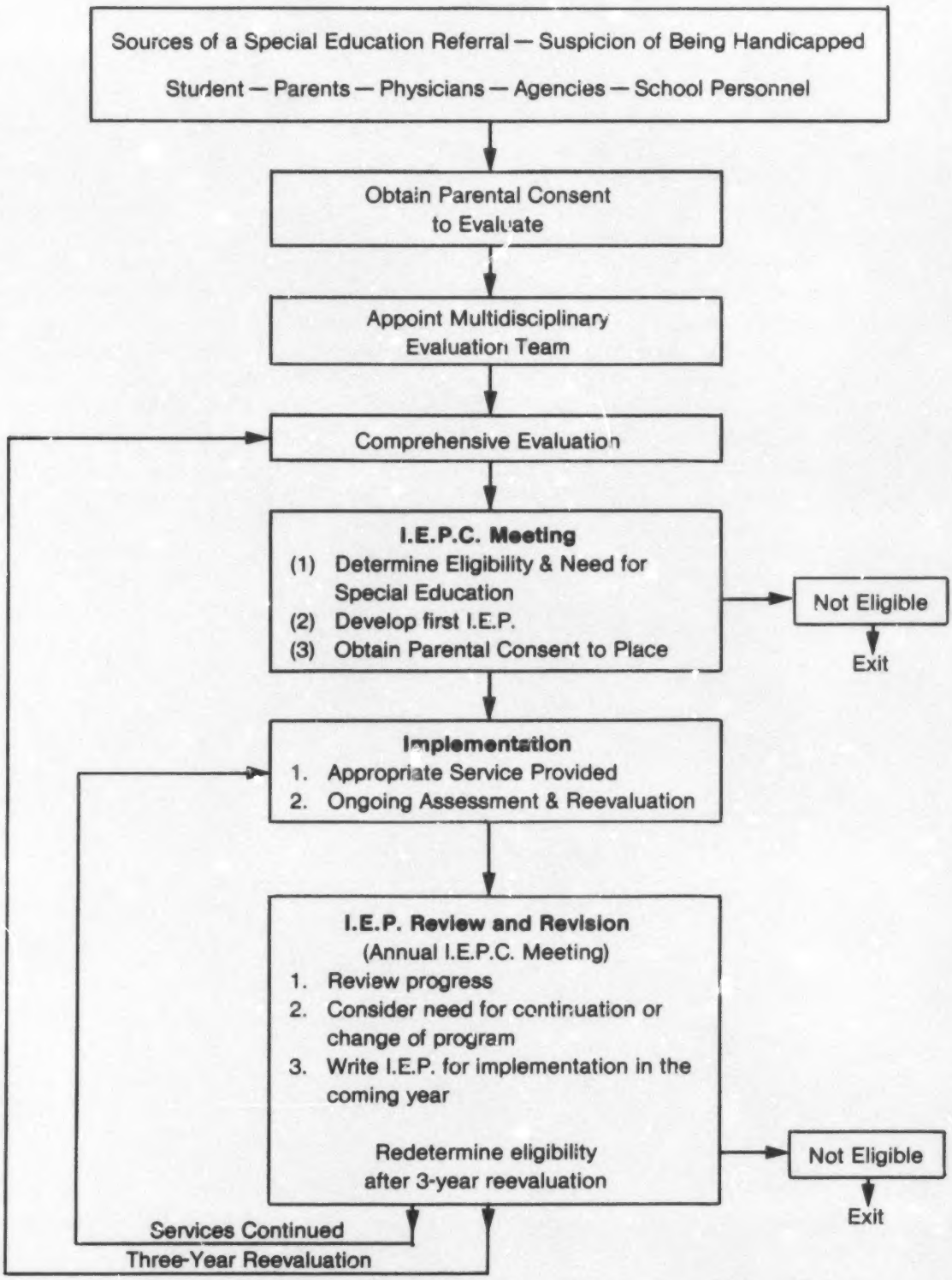
purpose

The special education process is logical and progressive. The process begins with a referral. A referral is a written statement that the student is suspected of being handicapped and may be in need of special education. Once the referral is received, parents are asked to consent to the student being evaluated by a multidisciplinary evaluation team (MET). This team writes a report of its evaluation and an individualized educational planning committee (IEPC) is then convened to determine eligibility and, if such a determination is made, to develop an individualized education program (IEP). Soon thereafter, the superintendent of the operating district or designee assigns the student to the programs and services deemed appropriate by the IEPC. At least annually, an IEPC must be convened to review and revise the IEP, and once every three years the handicapped student must be reevaluated to determine whether the student is still eligible for special education. This special education process can be summarized in six steps; **Referral, Evaluation, IEPC Meeting, Delivery of Programs and Services, IEP Review,** and **Three-Year Reevaluation.** As illustrated in chart form on page 2, each step must be followed in the sequence presented for each student suspected of being handicapped.

FLOW CHART FOR PROVIDING SERVICES


Sources of a Special Education Referral — Suspicion of Being Handicapped
Student — Parents — Physicians — Agencies — School Personnel
Obtain Parental Consent to Evaluate
Appoint Multidisciplinary Evaluation Team
Comprehensive Evaluation
I.E.P.C. Meeting
(1) Determine Eligibility & Need for Special Education
(2) Develop first I.E.P.
(3) Obtain Parental Consent to Place
Not Eligible
Exit
Implementation
1. Appropriate Service Provided
2. Ongoing Assessment & Reevaluation
I.E.P. Review and Revision
(Annual I.E.P.C. Meeting)
1. Review progress
2. Consider need for continuation or change of program
3. Write I.E.P. for implementation in the coming year
Redetermine eligibility after 3-year reevaluation
Not Eligible
Exit
Services Continued
Three-Year Reevaluation

PARENT INVOLVEMENT

Before the special education process is presented, it is important to emphasize the role parents play in their child's educational program. Parents are a primary source of information regarding the student. The parents' knowledge of their child's intellectual, academic and emotional needs are extremely helpful to school personnel. It is important that the parents' perception of where their child is functioning in each of these areas be addressed. Parents should also be kept informed of their child's progress on a regular basis through parent/teacher conferences, written reports and informal discussions.

When parents are knowledgeable about their child's education, they are more likely to be supportive of the schools efforts and participate in appropriate strategies used in school and at home. In the event that their child is referred for special education programs or services, knowledgeable parents will be able to understand the situation as well as provide information and support in identifying services needed for their child at the individual education planning committee (IEPC) meeting.

Prior to the IEPC and pursuant to R 340.1721c(3), school personnel should fully discuss the IEPC process and the role of each participant with the parents. Parents should be encouraged to actively participate in the IEPC process and to ask about any reports, terminology or other aspects which are unclear to them. Parents should be given the opportunity to share information about their child's academic, health, family and community needs as it relates to developing an appropriate education plan. Many parents may be overwhelmed by the number of professionals at the IEPC, may not understand the professional terminology used and may be reluctant to ask for clarification. It is therefore important that professional staff be sensitive and aware of the parents reaction to the IEPC decision making process.

Prior to the IEPC, parents must be informed of parent groups available as resources to assist them in understanding the IEPC process. They should also be encouraged to explore and utilize resources available to them both individually and in groups, such as programs and services from family service organizations or community mental health agencies. If parent support groups are unavailable, parents are encouraged to explore the initiation of such support resources or to consider asking the public school to sponsor a special education parent-teacher organization which can provide a forum for the discussion of the unique needs of parents with handicapped children.

PRE-REFERRAL INTERVENTION STRATEGIES

Before referring a student as suspected of being handicapped, school personnel are encouraged to take steps to assist the student with behavior problems. The following are examples of the sequential steps that are suggested when problems escalate beyond those normally experienced in the classroom.

1. The teacher should consider talking with the student, using a contract format, establishing a behavior management plan, and contacting the parents to ascertain if the problem exists within the home and to solicit cooperation of the parents.
2. The school counselor becomes involved with student and parent.
3. The principal speaks with the student and uses appropriate corrective procedures and home contacts.

This pre-referral process is important since it provides sequential steps of intervention by the teacher, parents, principal and other school support personnel before a referral is made for a suspected handicap in the area of emotionally impaired.

Documentation of these or other efforts are critical at all points and become an essential part of the multidisciplinary evaluation team's documentation which is required in the evaluation procedures of suspected emotionally impaired students. This pre-referral activity provides the required information and basis for the regular education teacher's input when evaluating students suspected of being emotionally impaired. Since there is a requirement that intervention strategies be utilized prior to referral and the length of time documented, it is imperative that these interventions be tried and that sufficient time be allowed to judge their effectiveness prior to a special education referral of a suspected handicapped student. If these steps have been taken and there still remains a suspicion of handicap, a referral is processed and the special education process begins.

REFERRAL PROCESS

Appropriate special education programs and services must be made available and provided to all handicapped students as determined by the individualized educational planning committee (IEPC). In order to be eligible for these programs and services, the student must be referred, evaluated, and declared eligible by the IEPC. The term **referral** has two meanings, the most common one being a written notification that a person is suspected of being handicapped. The other meaning of the term is a written statement that a handicapped person may need a change in educational status (i.e., the student may need to add, delete or modify a special education program or service).

Parents must be notified that a referral has been made and they are requested to sign a statement indicating that they have been informed of the referral and consent to the implementation of the evaluation plan that has been identified for their child by the school district. Parental consent to evaluate is required for an initial referral but is not required for a referral for a change in educational status. Both referrals lead to an IEPC meeting which must be held within thirty school days after the education agency receives parent permission to evaluate their child.

It should be noted that a parent or any other person may make a referral when it is felt that the student's behavior or emotional status adversely affects his/her educational program. Procedures for processing the referral must be established by the operating school district and should be publicized and disseminated to parents and staff.

Upon receipt of the referral and parental consent to evaluate the student's education records should be reviewed to see if information is available within the current school records that documents efforts to alleviate the situation and the success or failure of these efforts.

ASSESSMENT AND EVALUATION

The process of assessing and evaluating students who are suspected of being emotionally impaired can be extremely complex depending upon the students' unique characteristics as well as the evaluator's ability to utilize appropriate assessment techniques. The assessment process requires the consideration of a broad base of information obtained by a multidisciplinary team composed of a psychologist or psychiatrist and a school social worker. It is recommended that others also be involved in the process such as the parents and teachers.

In implementing the assessment process, the evaluation team members should consider the duration, intensity and frequency of behavior as well as the settings in which the behavior occurs. When examining duration, it is necessary to determine if the identified behavior lasts indefinitely or fades away quickly (e.g., Does it continue for 10-15 minutes then return to acceptable behavior or does it last for 2 or 3 more hours?). Intensity of behavior needs to be assessed in light of its effect on others as well as the student involved (e.g., Is the behavior so intense that it disrupts the activities of everyone in the classroom or just a few? If the disruptive behavior is verbal, is it in a loud or normal tone of voice or perhaps it is mumbling to oneself? If the student has difficulty getting along with peers, is the behavior a minor verbal provocation or does it end in physical pushing and/or fighting?). The frequency of the reported behavior is also important to examine and document (e.g., Is it rarely seen, or has the behavior taken on a consistent quality? Is it observed once every 3 weeks or on an average of every 15 minutes during the school day?). The multidisciplinary team should assess the students' behavior through observation, the conducting of interviews, and the utilization of assessment instruments.

Observation

Systematic observation is an objective and organized means of gathering data. The behavior observed should be described in a manner that clearly communicates its frequency, duration and intensity.

Systematic observation requires that:

1. All students clearly understand the rules and expectations of the classroom and that each student is treated equally and fairly. If the student in question does not have a clear understanding of behavioral expectations, the student may appear to be demonstrating defiant behavior.
2. Behavior must be identified and defined in a concise and specific way so that independent observers would agree that the specific behavior did occur. The behavior should also be observable. Examples of observable and precise behavior would be nail biting, hitting peers with fist, getting out of the seat, talking out, looking away from assigned tasks, etc. Trait labels which would require an inference on the part of the observer include such descriptors as nervous, angry, hyperactive, belligerent, or unmotivated and should not be used.
3. Two basic methods exist for observing students behavior. The first method is to observe the individual in relation to normal students of the same age and sex to determine to what degree the behavior of concern deviates from the norm in that given setting. The second method is to

observe and compare the target student's behavior with the overall behavior of the group. The most appropriate method will depend on the setting, activity and the skills of the observer.

Interviews

Interviewing people who are significantly involved in a student's life is an important part of the assessment process. These people could include, but not be limited to, parents, teachers, principals, playground or lunch room supervisors, counselors, bus drivers and other support staff. Usually the school social worker or the psychologist will conduct the interview depending on how the local school defines the respective roles of these two professional disciplines. In order to get a broad picture of a student's behavior patterns, it is helpful to compare the perception of as many different individuals as possible in a variety of settings.

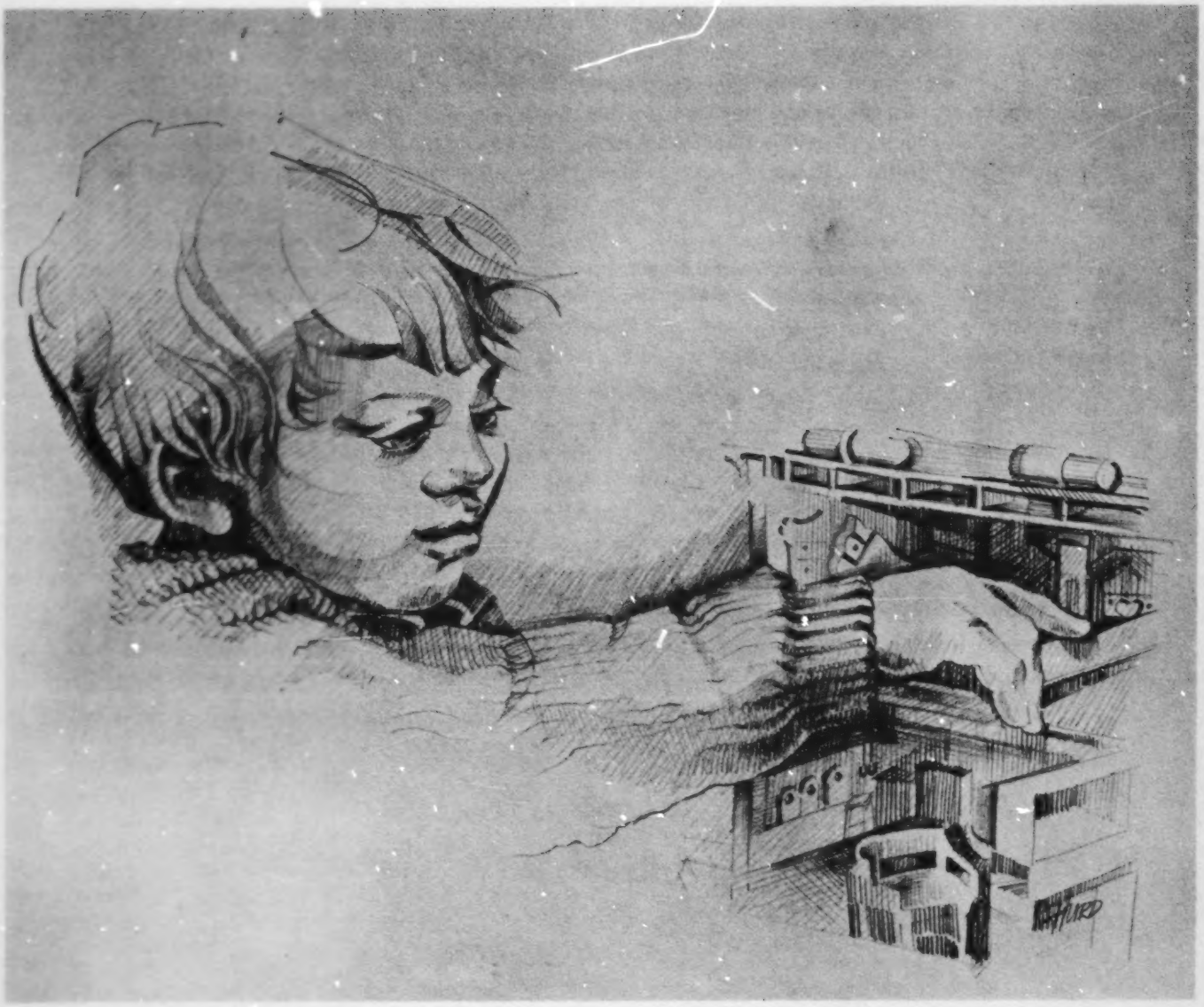
The parent interview is particularly crucial to the assessment of a suspected emotionally impaired student since it provides the multidisciplinary team with the parents' perception of the problem and the history of the behavior as well as home factors which might be influencing the student's behavior. In addition, this information helps to determine the level of parental support and cooperation which can be anticipated.

Perhaps the most important interview is with the student. In an attempt to be objective through the use of systematic observation and standardized tests, it is possible that members of the multidisciplinary evaluation team may overlook this important resource. The interviewer's skills will help elicit the student's perception of the problem, how and when it occurs and what degree of control the student perceives having over the behavior, particularly in the school setting.

Assessment Instruments

When selecting particular assessment instruments, the multidisciplinary team members must take into account the student's age, developmental level, and social/cultural/ethnic background.

The assessment process must be conducted in the student's native language and individual, rather than group, diagnostic assessment procedures must be used.



ELIGIBILITY

Students suspected of being handicapped must meet specific eligibility criteria in order to receive special education programs and services. Recognizing this, educators should be careful in the usage of the term emotionally impaired. The term should be used only for determining eligibility rather than as a descriptive label to identify students. Use of the eligibility label to discuss or describe eligible students, other than for record keeping purposes, is unnecessary, misleading and often destructive to the students involved. Once the need for special education services has been determined, the eligibility label should be deemphasized and the focus shifted to developing an individualized educational plan to meet the unique needs of the individual student.

The following information has been developed to assist in determining the eligibility of students for special education services under the category of emotionally impaired. (The rule language is presented in italics and a discussion of numerous phrases found within the rule follow.)

R 340.1706 Determination of Emotionally Impaired.

Rule 6. (1) *The emotionally impaired shall be determined through manifestation of behavioral problems primarily in the affective domain over an extended period of time, which adversely affect the person's education to the extent that the person cannot profit from regular learning experiences, without special education support.*

1. The *affective domain* includes areas such as emotional stability and control, interaction and reaction to self and others, ability to work with others, and self control.
2. *Over an extended period of time* means that the behavior problems have been evident for at least three months. The multidisciplinary evaluation team must indicate reasonable expectation that the behavioral problems will continue to exist without special education intervention.
3. *Cannot profit from regular learning experiences* means the student is unable to perform age appropriate development tasks within the educational environment despite the provision of intervention strategies. For preprimary students not enrolled in school, regular learning experiences in an education environment means age related activities in the home.

The problems result in behaviors manifest by one or more of the following characteristics:

(a) *Inability to build or maintain satisfactory interpersonal relationships within the school environment.*

The student may be unable to, or is not presently relating to others in an appropriate manner over an extended period of time. The student may consistently exhibit behaviors which may be interpreted similarly to the following examples:

(i) Verbally or physically aggressive to other students or adults, (e.g., fighting, kicking, spitting, etc.).

(ii) Consistently withdraws and isolates self from others.

(iii) Seeks negative attention from others in the form of being punished, isolated or hurt by others.

(iv) Overly seeking approval of others.

(b) *Inappropriate types of behavior or feelings under normal circumstances.*

The student may exhibit atypical behavior with no apparent cause or reason. This behavior may be expressed as sudden outbursts of crying or anger, head banging, etc.

(c) *General pervasive mood of unhappiness or depression.*

Unhappiness and/or depression is pervasive when it interferes with academics and social functioning in the school setting.

Unhappiness may be observed as:

(i) Sullenness

(ii) Avoidance of interpersonal relationships

(iii) Noncommunicativeness

(iv) Unresponsiveness

(v) Aggression may accompany unhappiness, particularly in adolescence

Depression may be observed as:

(i) A consistent lack of energy in completing tasks and assignments; avoidance of participation in physical activities (for other than medical reasons)

(ii) Frequent reporting of medically nonsupported illness

(iii) Lack of interest in new activities

(vi) Admitting failure prior to attempting tasks

(v) Preoccupation with thoughts and discussion of suicide

(d) *Tendency to develop physical symptoms or fears associated with personal or school problems.*

This may be obvserved as physical symptoms associated with emotional impairments, such as:

(i) Facial tics

(ii) Twitching

(iii) Rocking

(iv) Complaints of illness (e.g., headaches, stomach aches, fever, etc., not supported by medical findings)

Fears are often characterized by repeatedly:

(i) Refusing to go to school or an individual class

(ii) Failing examinations and other testing situations in which the student has informally demonstrated acceptable performance skills.

(2) *The term emotionally impaired also includes persons who, in addition to the above characteristics, exhibit maladaptive behaviors related to schizophrenia, autism, or similar disorders. The term emotionally impaired does not include persons who are socially maladjusted unless it is deter mined that such persons are emotionally impaired.*

1. *Schizophrenia* is demonstrated by a pervasive condition in which the child is observed as showing:

(a) A lack of ability to learn and retain social amenities

(b) Frequent mood shifts

(c) Frequent interjection of nonrelated information into conversations

(d) Development of many fears and suspicions, not causally related to the environment

1. *Autism* is a term that is not currently defined in rule or law. It is a term that has been defined by various individuals and groups as a life long developmental disability that is characterized by disturbances in the rates and sequences of cognitive, affective, psychomotor, language, and speech development.

3. *Similar disorders* include psychiatric conditons characterized by pervasive:

   (a) Impairment in memory

   (b) Mood shifts

   (c) Severe reduction in ability to recognize rules and danger

   (d) Confusion about directions and routine

4. *Socially maladjusted* usually includes students who demonstrate knowledge of social expectations in the school and/or other educational settings and choose not to conform to those expectations. Most of these students demonstrate a lack of an age appropriate concern for their behavior and its effect on others. Typically, they have difficulty accepting the responsibility for their own behavior and may overtly defy directions from adults. These students may or may not have had some court involvement.

(3) *The emotionally impaired shall not include persons whose behaviors are primarily the result of intellectual, sensory, or health factors.*

The intent of these eligibility criteria is to assure that students will be properly assessed, diagnosed and declared eligible for the appropriate special education program and services. This statement focuses attention on the fact that in some instances students may exhibit similar types of behavior as the emotionally impaired student but may do so as a result of an impairment that is primarily related to intellectual, sensory, or health factors. It is the responsibility of the multidisciplinary evaluation team to assess suspected students in these areas and to include a statement in their report that verifies that the behaviors are not primarily the results of intellectual, sensory or health factors.

(4) *A determination of impairment shall be based on data provided by a multidisciplinary evaluation team which shall include a comprehensive evaluation by both of the following:*

(a) A psychologist or psychiatrist

(b) A school social worker

Members of the team may include other qualified personnel in areas related to the suspected disability including, where appropriate, the following; health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor ability. [R 340.1721a(1)]

(5) *A determination of impairment shall not be based solely on behaviors relating to environmental, cultural, or economic differences.*

Although environmental, cultural and economic differences may be a partial causal factor in the student's behavior, a student should not be identified as emotionally impaired if this is the sole reason.

THE MULTIDISCIPLINARY EVALUATION TEAM REPORT

The Multidisciplinary Evaluation Team (MET) assigned to evaluate the suspected emotionally impaired student is responsible to prepare a written report of the evaluation and make a recommendation of eligibility. An example of a MET report can be found in Appendix A on page 35.

R 340.1721a(6) specifies what information must be contained in the report. This subrule follows:

When evaluating a person suspected of being emotionally impaired, the multidisciplinary evaluation team report shall include documentation of all of the following:

a. *The person's performance in the educational setting and in other settings such as adaptive behavior within the broader community.*

b. *The systematic observation of the behaviors of primary concern which interfere with educational and social needs.*

c. *The intervention strategies used to improve these behaviors, and the length of time these strategies were utilized.*

d. *Relevant medical information, if any.*

Three phrases in this subrule will be elaborated upon.

1. *Other settings* include activities or programs within the home, neighborhood or community that may contribute information about the student (e.g., scouting, 4-H, YMCA or YWCA, etc.).
2. *Systematic observation* is an objective and organized process of obtaining information that is measurable. (Refer to Assessment and Evaluation section).
3. *Intervention strategies* include relevant information on activities, methods, programs or procedures which were utilized to address the specific behavior(s).

It should be noted that while much attention is given to affective behavior, the multidisciplinary evaluation team must also evaluate the student's current level of educational performance. The student's cognitive and psycho-motor development should be reviewed by qualified personnel.

INDIVIDUALIZED EDUCATIONAL PLANNING COMMITTEE

Following a referral and a comprehensive evaluation conducted by a multidisciplinary evaluation team, the school district is required to convene an IEPC meeting. The individualized educational planning committee (IEPC) performs a critical role in identifying appropriate programs and services for emotionally impaired students. It is their responsibility to assure that the student meets the eligibility criteria, having reviewed the assessment and evaluation reports from the multidisciplinary evaluation team prior to discussing and planning for the unique needs of the emotionally impaired student.

Programs and services which IEPC's may want to consider in determining the most appropriate educational plan for an individual student determined to be emotionally impaired include:

1. Continuation in the regular education classroom with periodic support from a teacher consultant, social worker, or other support personnel.
2. Continuation in the regular education classroom with part-time placement in an appropriate special education classroom with support from a teacher consultant, social worker, or other support personnel.
3. Part-time placement in a regular education classroom program with the majority of the school day to be spent in an appropriate special education classroom program. Support services may also be included.
4. Part-time placement in a regular and/or special education classroom program and the remainder of the school day in vocational training.
5. Full-time placement in an appropriate special education classroom program. Support services for the student and special education teacher may also be provided.
6. An adjusted program of less than a full school day in a regular education classroom program and/or a special education classroom program, provided a plan is developed to provide the student with programs/services which would lead to a full-day program. R 340.1749(e) allows the provision of teacher consultant services to handicapped persons in their homes, but this cannot be substituted for a school environment.

School personnel may also help the parent identify agencies, organizations, service clubs, etc., which can provide supportive service to the student and the parent beyond those for which the school is responsible (see the Support Services section). This type of planning can facilitate a total program for the student and may provide the framework for the student to gain skills that would allow him/her to be mainstreamed into the regular education program earlier than previously anticipated.

Noneducation program and service options that may be available to students and their parents, (these are not required to be provided by the school and should not be written into the IEP), include:

1. Adult basic education programs.

2. Full-time placement in a specialized private day school or alternative school program. These programs are usually within the intermediate area of residency for the student.

3. Full-time placement in a residential school program. This type of program would provide in-house supportive services.

4. Temporary residential placement in a hospital school program. This program would require the student to be a patient in the hospital under the care of a physician or psychiatrist.

5. Full-time residential placement in a hospital or treatment center. This program would be for the severely handicapped who are unable to function within the community or in any of the above-mentioned programs.

6. Alternative community services are listed in Appendix C on page 37.

IEP REVIEW

Minimally, the IEP for each emotionally impaired student must be reviewed on an annual basis. It is the responsibility of the IEPC members to review the student's level of educational performance yearly, revise each handicapped student's individualized education program, and develop a new plan for the coming year. It is not necessary to redetermine eligibilility at the annual IEPC meeting. Special education personnel working with a student must provide a description of the student's current level of educational performance.

At the IEP review meeting, the goals and instructional objectives developed in the previous year's IEP are to be reviewed and those that have not been achieved may be continued in the new plan. Additional goals and short-term objectives are added as needed.

It is also the responsibility of the IEPC to recommend one of the following:

1. Continuation of present program and services
2. Change in program or service (change of status)
3. Return to general education or graduation
4. Additional diagnosis

THREE-YEAR REEVALUATION

Every three years, each student must have a comprehensive reevaluation by a multidisciplinary team to determine if the student still meets the eligibility criteria outlined in the rules. While all evaluations originally performed do not need to be repeated, there must be sufficient information to evaluate all areas of disability and to provide the information necessary to document eligibility.

The results and recommendations of the multidisciplinary evaluation team are presented at the IEPC meeting by a member of the team. If the student is again determined to be eligible, a new IEP is developed. If the student is ineligible, the committee indicates ineligibility and the student is placed full-time in general education.

CLASSROOM PROGRAMS — SITE SELECTION AND DESIGN

Classroom programs for students with severe emotional impairments are usually considered as the primary delivery system for the majority of programs operated by the public schools. Because of this, the actual school building used for the classroom program should be given a great deal of thought before the program is initiated. Site selection should consider school buildings where the principal and school staff are willing to work with the program. Consideration should be given to other programs and services that may be available to students with emotional problems.

Once the school site has been determined, the specific location of the classroom should be considered. The classroom should be located near classrooms with regular education students whenever possible in order to facilitate the integration of students with emotional impairments into general education classes. The specific location of the classroom within the school building should be considered carefully and thoughtfully to assure that opportunities are available for regular education activities (e.g., art, music, gym, shop, etc.), that the classroom program is located away from programs or activities that may stimulate students (e.g., lunch room, playground, etc.), and that students are not isolated from the rest of the student body (e.g., basement, portable classroom, etc.).

The size and quality of the classrooms should be comparable to other classrooms in the building. The special education classroom should be versatile enough to provide for large group activities (ten students), small group activities (two-three students) and space for individual work areas. The room should be easily divisable into various work area combinations through movable furniture, partitions, walls, etc. in order to reduce peripheral stimulation and distraction for the students. The use of carpeting, acoustical tile and other sound control options to reduce excessive noise stimulation are recommended. Individual study rooms or cubicals within the classroom facilitate working with youngsters who need to be away from the rest of the group for a short period of time and still allow immediate supervision by the teacher.

A telephone or intercom system should be located in the room to facilitate immediate communication with other staff members as well as to send and receive messages from other areas of the school. Attention should be given to the type and location of classroom furniture and equipment in order to design or redesign the classroom structure according to particular activities or situations.

Some programs may require additional classroom space or rooms in order to implement behavior management programs in accordance with the students' needs. These programs should comply with local school board policy and the additional space should meet fire and safety codes. When implementing a behavior management program, it is imperative that (1) specific procedures be followed at all times, (2) a range of techniques from least restrictive to more restrictive be utilized, (3) parents be actively involved in the process, (4) school staff have had prior training in the techniques that are being used, and (5) support staff knowledgeable in behavior management are readily available on an as needed basis.

Instructional materials, supplies and equipment should be available in sufficient quantity and quality to meet the goals and objectives of the program. Because students may learn differently, it is imperative that various types of materials be available to help them learn in a style that meets their learning needs.

Special education classroom programs shall be provided for at least a minimum number of hours and days of teacher/pupil contact in conformance with the special education rules. The number of hours and days for special education programs or services shall not be less than those required for regular education programs unless specified otherwise by the IEPC.

Rule 340.1741 is the program rule for emotionally impaired classrooms. This rule identifies the number of students that can be served in a special class for the emotionally impaired. It follows:

R 340.1741 Emotionally impaired programs; effective dates.

Rule 41. (1) *Programs for the emotionally impaired shall have not more than 10 students in the classroom at any one time, and the teacher shall have responsibility for educational programming for not more than 15 different students except as permitted under subrule (2).*

(2) *In consideration of current fiscal conditions, programs for the emotionally impaired shall have not more than 10 students in the classroom at any one time, and the teacher shall have responsibility for educational programming for not more than 15 different students, except at the secondary level where the teacher shall have responsibility for educational programming for not more than 21 different students. For the purposes of this subdivision, "secondary" means a building that houses no grade below grade 7. This subrule shall expire on August 31, 1984.*

THE CLASSROOM TEACHER

Emotionally impaired students in special education programs usually recieve their education program from special education teachers certified to teach students with severe emotional and behavior problems. These teachers must possess a valid Michigan teaching certificate at the elementary or secondary level, as well as an endorsement to teach in the area of emotional impairment. They have received training in teaching students in regular education programs as well as in special education programs and are certified to teach regular education students in the elementary school or various subject areas in the secondary school.

The teachers may be involved in various activities throughout the school day which include evaluation and assessment of special education students, attendance at and participaton in IEPC meetings, establishing goals and performance objectives for students assigned to them, implementing the instructional process, and planning, monitoring and evaluating each student's progress. Knowledge of various behavior management techniques for the classroom and individual behavior is desirable along with the ability to identify varicus learning styles and teaching techniques for each student in the classroom.

TEACHER CONSULTANTS

Teacher consultants with an endorsement in the emotional impairment area may provide services to handicapped students and the regular education teachers. Teacher consultants for emotionally impaired students may provide the following services in accordance with R 340.1749:

Rule 49. *The teacher consultant for special education:*

(a) Shall provide instructional or other support services to students who have been identified as handicapped.

(b) *Shall provide services to students whose handicap is such that they may be educated effectively within a regular classroom if supportive service is provided to them.*

(c) *Shall provide consultant services to education personnel on behalf of handicapped persons on their caseload.*

(d) *Shall carry an active case load of not more than 25 handicapped students. All students served under this rule shall be counted as part of the active case load.*

(e) *May provide educational services to handicapped persons in the handicapped person's home.*

(f) *May be employed as an itinerant staff person in 1 or more school buildings.*

(g) *May work as a member of a multidisciplinary evaluation team to assist in the evaluation of the educational needs of persons suspected of being handicapped.*

PERFORMANCE OBJECTIVES

The special education teacher and/or the teacher consultant is responsible for the development of performance objectives. These performance objectives are in addition to the annual goals and short-term instructional objectives which are included in the student's IEP. As specified in R 340.1733(f);

Performance objectives based on the annual goals and objectives in the individualized education program shall comply with all of the following:

(i) *Be written by special education personnel for persons assigned to a special education program or service.*

(ii) *Be developed in accordance with the student's needs in the cognitive, affective, and psychomotor domains with special attention to personal adjustment, prevocational, physical education, and vocational training.*

(iii) *Be developed and carried out cooperatively by regular and special educators for those areas of instruction under the direct supervision of special education personnel when a handicapped student is assigned to the regular education curriculum.*

(iv) *Be developed by ancillary service personnel relative to the service they provide.*

(v) *Be available to the parent and may be reviewed by the department or its designee.*

After the IEP has been completed, special education personnel must develop performance objectives related to the annual goals and objectives in the IEP. Performance objectives are defined in R 340.1701a(j) as, *a set of specific behavioral statements representing measurable steps toward the achievement of the short-term instructional objectives and annual goals written in the individualized education program.*

A classical performance objective describes the individual, the behavior to be exhibited, the object of the behavior, a time reference, the measurement used, and the criteria for success. As a minimum, a performance objective identifies both measurable and observable behavior relating to the learner's performance, the expected outcome and the criteria to be used to judge success.

SUPPORT SERVICES

Students enrolled in programs for the emotionally impaired can benefit from support services if determined appropriate by an IEPC. In addition to school resources, community organizations or agencies that can augment services to the student or parent directly may prove helpful to students.

The IEPC should consider the ancillary and related services (R 340.1701) that are needed by the student. Some of the services that may be considered in the academic area are prevocational and vocational services, physical therapy and occupational therapy, and speech and language services. Additional services that may be available from the regular school program but not by IEPC determination include; volunteer tutors, peer tutoring, school nurse, school guidance counseling services and other school services available in each school district.

It is important to note that the school administration and school principals provide important administrative support through active participation and cooperation in the implementation of special education programs. The school social worker, school psychologist or psychiatrist should be available to teachers and other professional staff for consultation regarding individual students and available for staff conferences with various personnel. A Curriculum resource consultant and a special education learning materials center are available in every part of the state. They provide films, instructional materials, and other resources to help the teacher implement the IEP.

HOMEBOUND AND HOSPITALIZED SERVICES

If a licensed physician certifies in writing that a medical handicap exists and the superintendent of the operating district concurs with the medical findings that a student should not attend school, homebound and/or hospitalized services may be provided to a student who has been determined emotionally impaired. The service shall be provided pursuant to R 340.1746.

Rule 46. *Specific requirements for homebound and hospitalized services are as follows:*

(a) *Homebound services shall be initiated within 15 school days after certification, by a licensed physician, of a medical handicap which requires the person to be confined to the home. Such certification shall indicate the anticipated duration of the required confinement. If the anticipated duration will exceed 1 school year, the student shall be evaluated under the provisions of R 340.1709.*

(b) *Hospital services shall be provided for persons who cannot attend school because of hospitalization for a physical or medical impairment. These services shall be initiated when determined medically feasible.*

(c) *A special education teacher employed for homebound or hospital services, or for a combination of these services, shall be assigned not more than 12 students at any one time.*

(d) *Progress reports for each person shall be recorded pursuant to the intermediate school district plan.*

(e) *Students receiving homebound or hospital services shall receive a minimum of 2 nonconsecutive hours of instruction per week. Ancillary personnel may supplement, but not substitute for, the teacher's instruction.*

(f) *Homebound and hospital services shall not be utilized to serve handicapped persons who are severely emotionally impaired, severely multiply impaired, trainable mentally impaired, or severely mentally impaired, except where the person meets the requirements in subdivision (a) of this rule.*

(g) *It is the responsibility of the district in which the hospital is located to make homebound and hospital services available to eligible students. If the student is hospitalized outside of the district of residence, the district of residence is responsible for delivering services or for contracting with the operating district and making payment for the services.*

This is the only way that students who have been determined emotionally impaired are eligible to recieve these services. School districts do not have the authority to assign a special education student a homebound or hospitalized service without certification from a licensed physician stating that a medical problem exists.

Homebound Services

A licensed physician must certify in writing that a student's medical condition precludes attendance in school. In this instance, an IEPC must be convened since the IEP must be reviewed and revised to reflect a change in status. A school report shall be developed and implemented that includes the following information:

1. The physician's certification.
2. The reason(s) why the student cannot be appropriately educated in the public school.
3. The estimated length of time the student will require homebound placement.
4. A revised IEP reflecting changes in the student's program which are brought about by the physician's decision.

Hospital Services

Students with emotional impairments who have been hospitalized must receive educational services when it is determined medically feasible by the physician, pursuant to R 340.1746(b). As with homebound emotionally impaired students, an IEPC must be convened to reflect the student's change of status. A school report indicating the particulars of the situations shall be written and should contain the same information required for students who are educated at home through homebound services.

The professional staff assigned to provide educational services to students with emotional impairments who are confined to the home or a hospital, shall be determined by the superintendent. This decision shall be based on the programs and services determined by the IEPC. It is customary for the services to be provided by a teacher or teacher consultant certified to teach the emotionally impaired.

TRANSPORTATION

All students are expected to follow the general rules and policies regarding transportation established by the school district. In the event that a student with an emotional impairment has difficulty following the rules, alternatives should be reviewed and documented to assure that the student will receive appropriate transportation services. Transportation must be provided to an emotionally impaired student as a **related service** if transportation is required in the IEP to enable the student to participate in an educational program.

Section 380.1756 of the School Code of 1976 indicates that transportation is the responsibility of the local school district. The local district must provide transportation directly or through a contract with the intermediate school district or other transportation source. Special transportation, if needed by the student, must be addressed by IEPC and included in the IEP.

In the event that the student exhibits behavior that cannot be controlled which is a threat to the student's own safety or the safety of others, the school may temporarily suspend the student. School personnel should review the circumstances under which the behavior occurred and take appropriate measures needed to control the student's behavior on the bus. If the behavior continues to go unchecked, the district should consider alternative transportation, use of nonabusive restraining devices (seat belts or harnesses), or (when all other methods have failed) the employment of a transportation aide to supervise the student enroute. The school district may also contract and reimburse parents, if they volunteer to transport their child. Parents may not be required to provide transportation as required through the IEPC but may volunteer to do so if they so desire.

ALTERNATIVES TO SUSPENSION

The local school district is responsible for establishing procedures relative to student codes of conduct and all students are expected to comply with them. At the same time, some students with emotional impairments may find these procedures extremely difficult to adhere to because their behaviors are symptomatic of their handicap. In some instances, the student may deliberately or unconsciously violate school policy in order to get out of school. Examples include tardiness, skipping school, swearing, or fighting. In this type of situation, it would be more appropriate to initiate in-school suspension or take away privileges rather than to suspend and send the student home.

The school policy should be communicated to the students, parents, teachers, and administrators in a language that is clear and understandable. This communication should include the policy and identify the consequences for not complying with the policy. Communication with parents, teachers, administrators and others concerned with the student is essential to promote positive behavior.

Students who continue to have serious difficulties that lead to repeated suspension should be reassessed to determine the appropriateness of the current program plan, to consider alternative programming and to consider the need for a new IEPC meeting to discuss the behaviors causing the suspensions.

PROGRAM EVALUATION

Evaluation is a key element in providing programs and services to students with emotional impairments. It is imperative that educators and administrators specify (1) what they are trying to accomplish, (2) why are they doing what they do, (3) how will they do it, and (4) how will they know it has been accomplished.

An effective program for students with emotional impairments does not just happen, it is planned. The program must be developed from a well defined set of philosophical and/or theoretical concepts. These concepts should include a definable problem requiring attention by professionals coupled with a set of purposes or goals. The goals should be cohesive with and closely related to written procedures and practices used by the professional staff in implementing the program.

Program evaluation should also be systematic and concerned with the program process as well as program outcome. The evaluation procedure should spell out program activities from the first step to the last which will assist in measuring program accountability. This would include information such as program entry procedures, operational methods, curriculum and materials and program exit criteria. The evaluation procedures should also include some written criteria that describe which students will be served by the program. In other words, it should state for whom the program is designed, the eligibility criteria for inclusion, and the type of student behaviors that have the highest probability of success within the program.

Some of the common methods used to evaluate the effectiveness of programs for the emotionally impaired are:

1. Pre and post tests in academic areas
2. Behavioral check lists of target behaviors in special education and general education settings
3. Conference with parents
4. Student interviews with feedback from peers
5. Baseline data of behavior and academic achievement
6. Charting of behavior compared to baseline data
7. Parent interviews and checklists of behavior
8. Observation and assessment by support personnel

There is a tendency to view program success only in terms of improved student behavior. In order to have a comprehensive program evaluation, it is essential that other groups or individuals view the program as being helpful. This would include parents, building administrators, teachers or other persons in the community. A well designed program will attract advocates and receive professional acceptance.

Evaluation is an on-going process and should be accomplished informally as well as formally in structured situations. Annual goals act only as a guideline. The teachers of the emotionally impaired should develop and regularly monitor short-term objectives pertinent to each student. It is frequently helpful for the teacher to identify some program and behavioral goals for themselves so that they might modify their own behavior as it relates to program success.

Since evaluation is an on-going process, it would be helpful for program administrators to periodically (i.e., at 3 month intervals); review the goals and objectives of the programs with teaching personnel, building principals, and support staff, identify which goals and objectives are being met and what methods and materials were used to achieve the objectives. Periodic evaluation provides an opportunity to make adjustments in progammming and to modify goals and objectives when necessary.

APPENDICES

Multidisciplinary Evaluation Team Report
Emotionally Impaired

Name _____ Date _____

Number _____ Birthdate _____

I. Affective Behavior

A. Does this student manifest 1 or more of the following characteristics indicative of behavioral problems primarily in the affective domain?

__ a. Inability to build or maintain satisfactory interpersonal relationships within the school environment.

__ b. Inappropriate types of behavior or feelings under normal circumstances.

__ c. General pervasive mood of unhappiness or depression.

__ d. Tendency to develop physical symptoms or fears associates with personal or school problems.

B. Have the student's behavior problems been apparent for an extended period of time?
__Yes __No How long? 2-3 mos.__, 4-6 mos.__, 1 year/more__

C. Do the behavior problems interfere with the student's education to the extent that he/she cannot profit from regular education without special education services?
__Yes __No

II. Was the determination based solely on behaviors relating to environment, cultural, or economic differences? __Yes __No

III. Is this student's behavior primarily a result of intellectural, sensory, or health factors?
__Yes __No

IV. What are the bases for making this determination?

__ Psychological evaluation of ability
__ Psychological projective evaluation
__ Social and cultural history
__ Classroom observation
__ Teacher input
__ Parent Input
__ Measure of adaptive behavior
__ Relevant medical informaton
__ Student interview
__ Achievement data

V. Current level of performance:

Cognitive _____
Affective _____
Psychomotor _____

VI. Documentation of the following is included in the attached reports:

__ A. Student's performance in the educational setting and in the broader community.

__ B. A systematic observation of the behaviors of primary concern which interfer with educational and social needs.

__ C. The intervention strategies used to improve these behaviors, and length of times these strategies were utilized.

__ D. Relevant medical information.

VII. We recommend that this student is eligible to receive special education as an emotionally impaired student.

Yes	No	Signature	Title
__	__	_____	School Psychologist
__	__	_____	School Social Worker
__	__	_____	Other_____

Incidence Rates: 1970-1982

Emotionally Impaired

Alternative Service and Placement Options

Community Agencies/Organizations

Consultation, referral, information, support group, advocate (includes parent and "service" clubs/ organizations).

Court Related

Guardianship, alternative pre-commitment treatment plan, commitments, juvenile services (adjudication hearings, etc).

Education Related

Regular education, alternative education, vocational/career education, adult basic education, high school completion program, counseling, academic evaluation, etc.

Health Care

Nursing service, dental, physician, immunization, family planning, hearing, vision, health screening, and health education.

Mental Health Services (Community)

Outpatient counseling, 24-hour emergency service, consultation, casework/case management, psychiatric, prevention, day treatment, clinical and medical evaluation, respite care, and family therapy.

Rehabilitation Services

Work evaluation, work adjustment, work activity (day/treatment), sheltered employment, and social/ recreational services.

Social Services

Protective; homefinding; licensing, financial; casework neglect, abuse, and delinquent; foster care; adoption; family services (counseling, etc); and employment preparation.

Placement Options

Placement options may be initiated by the individual (in some instances), the parent (or guardian), the court, or county/state agencies. These "placement options" include the following:

Residential

This may be a "in-home" placement with a parent, guardian or relative, or may be an "independent living" arrangement, whereby the student resides in the YMCA/YWCA, apartment, etc.

Community

Agencies may place youth in various placements (short and long-term) in the community, usually based upon the specific needs of the individual involved. Examples include the following:

- Foster Care Homes (DSS, DMH, CMH)
- Nursing Homes (DMH, private agencies)
- Day Care (DMH, DSS, CMH)
- Boarding Schools (licensed by DOE)
- Residential Homes (private agencies)
- Psychiatric Facilities (emergency, private hospitals)
- Private Residential Facilities (Juvenile Court, DSS)
- Detention Homes (Juvenile Court — secure facility)

Institutional

Institutional facilities usually offer several types of 24-hour residential programs (dependent upon their needs), which include nonsecure (open) or secure (closed) programs. Examples of "open" programs include various types of treatment programs that are operated by the DSS (training schools), DMH (psychiatric hospitals), private child care agencies (DPH licensed hospital programs, while DSS licenses child care facilities), and private psychiatric hospitals.

Examples of secure facilities include: DMH (psychiatric hospitals), DSS (training schools), DOC (prisons), and private agencies or hospitals.

Reference

DOE — Department of Education

DMH — Department of Mental Health

DOC — Department of Corrections

DPH — Department of Public Health

DSS — Department of Social Services

CMH — Community Mental Health

MICHIGAN STATE BOARD OF EDUCATION
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